

FILED
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U.S. DISTRICT COURT
SACRAMENTO, CALIFORNIA

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name BEARRINGER Anthony S
(Last) (First) (Initial)

Prisoner Number #K-66652

Institutional Address SALINAS valley state prison, Ad/seg
A-2-202, P.O. Box 1050, Soledad, CA 93960

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

BEARRINGER, Anthony S
(Enter the full name of plaintiff in this action.)

VS.

CALIFORNIA DEPT OF CORRECTIONS
DEPT MENTAL HEALTH
of SALINAS valley state prison
SALINAS PSYCH PROGRAM
(Enter the full name of the defendant(s) in this action))

**COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
42 U.S.C §§ 1983**

[All questions on this complaint form must be answered in order for your action to proceed.]

I. Exhaustion of Administrative Remedies

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement SALINAS valley state prison

B. Is there a grievance procedure in this institution?

YES (✓) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (✓) NO ()

D. If your answer is YES, list the appeal number and the date and result of the

COMPLAINT

appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal denied

formal level denied

2. First

3. Second formal level denied

formal level denied

4. Third

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (☒) NO ()

F. If you did not present your claim for review through the grievance procedure, explain why.

II. Parties

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

Anthony Scott Berninger, Sacramento Valley State
Prison, AD (SEC 0-2-202 P.O. Box 1050
SOLERA CA 95960-1050

B. Write the full name of each defendant, his or her official position, and his or her

place of employment.

MTA M. CHAUBINE, MTA SELL
MTA PRISONER CARE CALIFORNIA DEPT OF
CORRECTIONS, DEPT OF MENTAL HEALTH
SALINAS CALIFORNIA PSYCHIATRIC PROGRAM
OF SCLERODERMA

III.

Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

ON MARCH 2, 2005 DURING AOR CHOW CHAI
MTA M. CHAUBINE Woke me up and told
me to get my BIKINI FAST I DROVE UP TO
THE FOOD PORT AND SHE PUT A DEEP
OF HOT SCALDING WATER SHE SPILLED IT
OVER MY RIGHT FOOT I WAS TAKEN
TO THE MED ROOM I RECEIVED
2ND DEGREE BURNS ON MY UPPER
B/ANKLE LOWER B/ANKLE MTA M.
CHAUBINE NEVER ONCE APOLOGIZED
FOR HER MISCONDUCT AND HER SHE
SHOWED NO EMOTIONS MTA M. CHAUBINE
IS PREJUDICE AGAINST ME

IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

WHAT I WANT THE COURT TO PAY ME

COMPLAINT

1 750,000 dollars due to the price and
2 54,000 of the negligence and
3 that the state machine
4 case her license

7 I declare under penalty of perjury that the foregoing is true and correct.

9 Signed this 5 day of JUNE, 2007

11 *Bernard J. J. J. J.*
12 (Plaintiff's signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Anthony Scott Berain Ad/Sec D-2-202 S.V. SP P.O. Box 1050 San Francisco, CA 94109		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):		Rel. No. or File No.	
Insert name of court and name of judicial district and branch court, if any: NORTHERN DISTRICT			
SHORT TITLE OF CASE: CIVIL LAW SUITE			
PROOF OF SERVICE (Summons)	DATE: 6-5-07	TIME: 1:00 PM	DEPT./DIV.: CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action, and I served copies of the (specify documents):
THE CIVIL COMPLAINTS CIVIL LAW SUITE

2. a. Party served, (specify name of party as shown on the documents served):
THE NORTHERN DISTRICT COURT

b. Person served: ☒ party in item 2a ☐ other (specify name and title or relationship to the party named in item 2a):

c. Address: **450 GOLDEN GATE AVE BOX 36060 SAN FRANCISCO CA 94112**

3. I served the party named in item 2

a. ☐ by personally delivering the copies (1) on (date): (2) at (time):
b. ☐ by leaving the copies with or in the presence of (name and title or relationship to person indicated in item 2b):

(1) ☐ (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person served. I informed him or her of the general nature of the papers.
(2) ☐ (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the person served. I informed him or her of the general nature of the papers.
(3) on (date): (4) at (time):

(5) ☒ A declaration of diligence is attached. (Substituted service on natural person, minor, conservatee, or candidate.)
c. ☒ by mailing the copies to the person served, addressed as shown in item 2c, by first-class mail, postage prepaid, (1) on (date): **6/5/07** (2) from (city): **SAN FRANCISCO CA 94109**
(3) ☐ with two copies of the Notice and Acknowledgment of Receipt and a postage-paid return envelope addressed to me.
(4) ☐ to an address outside California with return receipt requested. **← (Attach completed form.)**

d. ☒ by causing copies to be mailed. A declaration of mailing is attached.
e. ☐ other (specify other manner of service and authorizing code section):

4. The "Notice to the Person Served" (on the summons) was completed as follows:

a. ☐ as an individual defendant.
b. ☒ as the person sued under the fictitious name of (specify):
c. ☒ On behalf of (specify):
under: ☒ CCP 416.10 (corporation)
☐ CCP 416.20 (defunct corporation)
☐ CCP 416.40 (association or partnership)

☐ CCP 416.60 (minor) ☐ other:
☐ CCP 416.70 (conservatee)
☐ CCP 416.90 (individual)

5. Person serving (name, address, and telephone No.):
Anthony Scott Berain
#K-66652 D-2-202
S.V. SP P.O. Box 1050
San Francisco, CA 94109

a. Fee for service: \$
b. ☐ Not a registered California process server.
c. ☐ Exempt from registration under B&P § 22350(b).
d. ☐ Registered California process server.
(1) ☒ Employee or independent contractor.
(2) Registration No.:
(3) County:

6. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
7. ☐ I am a California sheriff, marshal, or constable and I certify that the foregoing is true and correct.

Date:

Anthony Scott Berain
SIGNATURE